Chapter 7
Incest

Not until recently has the full dimension of the problem of incest been recognized. The long-term after-effects were often ignored or discounted and traditional mental health practitioners rarely addressed victimization. For the adult survivor, long-term effects of incest may lead to an interference of day-to-day functioning. These long-term effects can be so pervasive that everywhere she looks, the effects can be seen and felt. However, the effects of incest do not have to be permanent and healing can take place.

In order to recognize these long-term effects, an advocate/counselor must know how to identify feelings and provide an environment of support for the adult survivor. Within most incestuous families, secrecy, guilt, power, and rivalry is perpetuated. Because disclosure of the incest relationship is detrimental to the family, the survivor is constantly reminded to keep silent.

EFFECTS OF INCEST

Medical/Physical

The medical/physical effects for an adult survivor may include weight problems, migraine headaches, severe backaches, a distorted body image, gastrointestinal and genitourinary problems, inability to concentrate, lethargy, asthma, and arthritis. Oftentimes an area of the survivor's body that was injured during the incest will develop problems at a later age, such as severe pelvic pain.

Social

These effects include feelings of isolation or of being different from other people, difficulties with establishing intimate relationships, an inability to identify and express feelings, and concern about the image she projects to others.

Sexual

Long term effects on an adult survivor's sexuality include an inability to function sexually, inability to relax or experience orgasm, and promiscuous behavior. Adult incest survivors often report difficulties with feeling sexually aroused and emotionally close at the same time. Certain sexual behaviors within a survivor's current relationship may act as a trigger leading to flashbacks of the incest.

Psychological/Emotional

Adult survivors often feel the abuse was their fault and may express emotions of fear, helplessness, guilt, and anger. They may direct their anger towards themselves, resulting in some form of addiction, eating disorder, or self-mutilation. Addictions include alcoholism, drug usage, smoking, and compulsive eating. All of these help the survivor numb feelings temporarily, suppress memories, and escape the pain of incest. Eating disorders such as anorexia and bulimia help a survivor assert control in regaining the power she lost during the incest. Self-mutilation is also an attempt to control as well as a means to express anger.

Adult survivors may also direct their anger towards significant others who failed to protect them, such as a non-abusing parent, sibling, or relative.
For adult survivors, numerous coping methods are used to survive the sexual abuse. Some coping strategies include denial, withdrawal, detachment, isolation, minimizing, rationalizing, and splitting.

Oftentimes, when the pain becomes to great, ad& survivors will attempt suicide. As children, they may escape the pain and terror by dissociating, and due to severe trauma and repeated abuse, develop Multiple Personality Disorder (MPD). MPD is a survival tool and a way to adapt to intolerable pain and trauma. MPD allows the survivor to do just that, survive.

Incest survivors experience a poor sense of self-esteem, a feeling of powerlessness, and a fear of being crazy or different. Adult survivors may often have problems with interpersonal relationships and report them as being empty or superficial.

The role of a counselor/advocate with an adult survivor of incest is to create an atmosphere where she feels safe to talk and express feelings. The counselor's

basic assumption should be that the victim is never to blame for the abuse. The counselor should listen, help the survivor see herself as a survivor, and reduce some of the feelings of helplessness and increase self-esteem.

The advocate may also recommend group counseling at the Women's Center to help break the isolation the survivor may feel. The feminist perspective to counseling adult survivors of incest focuses on the experiences of the survivor. The feminist model views incest as a consequence of a child's less powerful status in our society. The perpetrator is held responsible for the incest and support for the survivor is most important.

--Adapted from: *The Courage to Heal, by* Ellen Bass and Laura Davis

***Women's Therapy Group - Paradigms of Feminist Treatment,* by Claire M. Brody**

THE SPIDER AND THE PEDOPHILE

The spider spins its web,
a trap
to catch its prey,
extracting its life's blood,
leaving it physically dead.
The pedophile also
spins its web
luring, deceiving, and coercing
its victims,
draining them emotionally
and spiritually.
Pedophiles don't
love children,
but only the satisfaction
they get
from using them.
Does the bear
love the
bee or the
honey

In a healthy family, roles and relationships are clearly defined.

1.The primary relationship is between the father and mother who provide stability to the family unit. The parents have their own relationships separate from their relationship with the children. It is their job to keep the relationship healthy and see to the needs of the children. Certain issues are Parent Issues (finances, employment, and discipline), and while the children may assist with chores, it is the parents' job to keep the household going. The parents provide nurturance to the children and support to each other, but it is OK for them to go outside the relationship (friends, clergy, counseling) to have some of their needs met. Parents are Independent people who share a relationship and a family.

2. The secondary system involves relationships between children whose primary job is to be children; to learn, grow, and develop into independent adults within a secure, nurturing environment. Kids give and receive affection in their relationship with the parents but feel no obligation to take care of the parents. It is clearly understood that it is the parents' job to care for the children, not visa-versa. Kids form a separate unit within the family and provide support to each other in dealing with "kid" issues. The relationships between the kids and between the kids and parents are primary, but it is OK for the kids to go outside of these networks to have some of their needs met.

3.The parental relationship, sibling relationships and relationships between parents and children merge into a family unit in which each member has his/her own identity and role. This unit provides a safe and special place for the children to grow. It is a secure base from which they can explore the world around them. The principal bonds are affection and respect for each other as people and family. While most needs are met within the family, individual members are free to extend beyond the family.

COMMON ISSUES FOR INCEST SURVIVORS

LOW SELF-ESTEEM

- feeling that the abuse occurred in response to some personal failing
- internalizing negative messages communicated by abuser

INABILITY TO TRUST

- feeling without reference points for a safe, non-exploitive relationship

FEAR OF OR INABILITY TO RESOLVE CONFLICT

- extreme anxiety around strangers, friends, or intimates
- inability to draw any physical boundaries

INABILITY TO ESTABLISH AND/OR MAINTAIN INTIMACY

- history of being a "loner", total avoidance of intimacy
- history of initiating multiple simultaneous relationships

SEXUAL IDENTITY CONFLICTS

- relating abuse to sexual identity, feeling "dirty", "bad", or like a "whore"
- same sex abuse can create anxiety around the issue of sexual preference and the issue of homophobia

SEXUAL DYSFUNCTION

- total "shut down" during flashbacks or sexual activity that is similar to past abusive activity
- compulsive use of sex to disconnect from feelings

LACK OF INTEGRATION

- feeling that you live two lives

INABILITY TO FEEL OR EXPRESS ANGER OR INABILITY TO CONTROL RAGES

- feeling lifeless, emotionally numb, totally disconnected to anger around abuse
- feeling overwhelming rage at small incidents, feeling unable to predict or control responses.

GUILT

- feeling responsible for the abuse
- feeling guilty for any physical or emotional pleasure connected to the abuse
- feeling guilty for not keeping the secret/ "disrupting the family "

SUBSTANCE ABUSE/ COMPULSIVE BEHAVIOR

- use of drugs, alcohol, food, sex, or work to disconnect from feelings

ABUSE

- self-abuse as a form of punishment or escape through attempted suicide
- incest survivors are more likely to experience peer sexual abuse as adult than the general population
- may also become involved in battering relationships

WHAT IS CHILD ABUSE?

A broad spectrum of abuse and neglect situations exists. Some forms are easily recognized and are treatable; others, such as emotional abuse are only now being defined and recognized. Basically four forms of child abuse exist.

Physical Abuse

A basic definition of physical abuse is the non-accidental injury of a child. A couple of guidelines to follow in determining non-accidental injuries are:

1. Any injury that requires medical treatment outside the range of normal corrective measures.
2. Any punishment that involves hitting with a closed fist or instrument, kicking, inflicting burns, or throwing The child obviously represents child abuse.

Physical Neglect

Physical neglect is defined as failure to provide the necessities of life for a child. This includes the lack of medical care, inadequate nourishment, inappropriate clothing, lack of supervision, and inadequate housing.

Sexual Abuse

Sexual abuse is the exploitation of a child for the sexual gratification of an adult. It may include acts of rape, incest, fondling of the genitals, or exhibitionism.

Emotional Abuse/Neglect

(Children Who Witness Battering Are Emotionally Abused)

Emotional abuse is excessive, aggressive, or unreasonable parental behavior that places demands upon a child to perform beyond his or her capabilities. Sometimes emotional abuse is not what a parent does but what the parent doesn't do. Children who receive no love, no care, no support and no guidance wilt carry those scars into adulthood.

Child abuse is not usually a single physical attack or a single act of deprivation or molestation. Child abuse is usually a pattern of behavior. It takes place over a period of time, and its effects are cumulative. The longer child abuse continues, the more serious it becomes and the more serious is the injury to the child.

--Reprinted from *Networking Together for Investigations and Treatment of Child Abuse and Neglect, Joint Social Worker/Law Enforcement Manual,* New Jersey Division of Youth and Family Services, New Jersey Division of State Police.

STATISTICS OF CHILD ABUSE
AND
CHILD SEXUAL ASSAULT/INCEST

- More children in the United States die as a result of child abuse each year than of any other cause.

- Child abuse affects all classes; it is not a lower socio-economic phenomenon.

- Many abused children are under 4 years old, meaning that, by school age, abuse has been experienced, and may still be experienced by many children.

- Estimates on the incidence of child abuse range from 1 million to 4 million cases each year. Approximately 2,000 children die each year from abuse inflicted by a parent or caretaker.

- 29% of all forcible rapes in America occurred when the victim was less than 11 years old. 32% of all forcible rapes are committed against victims ages 11 and 17 (National Victim Center and Crime Victims Research and Treatment Center, 1992).

- Approximately 35% of women and 20% of men in the United States were victims of sexual abuse as children (National Committee for Prevention of Child Abuse, 1992).